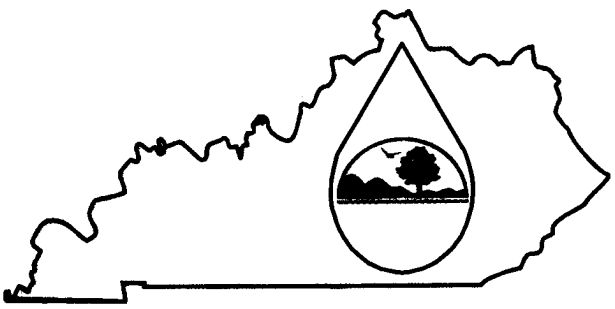
KPDES FORM 1

AI 2162



KENTUCKY POLLUTANT DISCHARGE ELIMINATION SYSTEM

PERMIT APPLICATION

This is an application to: (check one)

- ☐ Apply for a new permit.
- ☒ Apply for reissuance of expiring permit.
- ☐ Apply for a construction permit.
- ☐ Modify an existing permit.
  Give reason for modification under Item II.A.

A complete application consists of this form and one of the following:
Form A, Form B, Form C, Form F, or Short Form C

For additional information contact:
KPDES Branch (502) 564-3410

I. FACILITY LOCATION AND CONTACT INFORMATION	AGENCY USE	0	0	4	3	6	8	7

A. Name of business, municipality, company, etc. requesting permit
Louisville & Jefferson County Metropolitan Sewer District

B. Facility Name and Location	C. Facility Owner/Mailing Address
Facility Location Name: Timberlake STP	Owner Name: Metropolitan Sewer District
Facility Location Address (i.e. street, road, etc.): 5504 Timber Ridge Drive, US Highway 42	Mailing Street: 700 West Liberty Street
Facility Location City, State, Zip Code: Prospect, Kentucky 40059	Mailing City, State, Zip Code: Louisville, Kentucky 40203
	Telephone Number: (502) 564-6000

II. FACILITY DESCRIPTION

A. Provide a brief description of activities, products, etc: Residental & Commercial Wastewater Treatment (non-industry); Publically owned treatment Works

B. Standard Industrial Classification (SIC) Code and Description

Principal SIC Code & Description:	4952; Sewage Treatment Fac.		
Other SIC Codes:	6552; Land Subdivision & Land Development		

III. FACILITY LOCATION

A. Attach a U.S. Geological Survey 7 ½ minute quadrangle map for the site. (See instructions)

B. County where facility is located:	City where facility is located (if applicable):
Jefferson	Louisville

C. Body of water receiving discharge:
Harrods Creek at mile point 2.45

D. Facility Site Latitude (degrees, minutes, seconds):	Facility Site Longitude (degrees, minutes, seconds):
38° 19' 55"	85° 36' 47"

E. Method used to obtain latitude & longitude (see instructions): USGS Topographic Map

F. Facility Dun and Bradstreet Number (DUNS #) (if applicable):

IV. OWNER/OPERATOR INFORMATION

A. Type of Ownership:
☒ Publicly Owned ☐ Privately Owned ☐ State Owned ☐ Both Public and Private Owned ☐ Federally owned

B. Operator Contact Information (See instructions)

Name of Treatment Plant Operator:	Telephone Number:
Randolph P. Kustes	(502) 241-9310
Operator Mailing Address (Street): 5512 Hitt Lane	
Operator Mailing Address (City, State, Zip Code): Louisville, Kentucky 40241	
Is the operator also the owner? Yes ☐ No ☒	Is the operator certified? If yes, list certification class and number below. Yes ☒ No ☐
Certification Class: III	Certification Number: 14555

V. EXISTING ENVIRONMENTAL PERMITS

Current NPDES Number:	Issue Date of Current Permit:	Expiration Date of Current Permit:
KY0043087	October 1, 2002	September 30, 2007
Number of Times Permit Reissued:	Date of Original Permit Issuance:	Sludge Disposal Permit Number:
Kentucky DOW Operational Permit #:	Kentucky DSMRE Permit Number(s):	

C. Which of the following additional environmental permit/registration categories will also apply to this facility?

CATEGORY	EXISTING PERMIT WITH NO.	PERMIT NEEDED WITH PLANNED APPLICATION DATE
Air Emission Source	N/A	N/A
Solid or Special Waste	N/A	N/A
Hazardous Waste - Registration or Permit	N/A	N/A

VI. DISCHARGE MONITORING REPORTS (DMRs)

KPDES permit holders are required to submit DMRs to the Division of Water on a regular schedule (as defined by the KPDES permit). The information in this section serves to specifically identify the department, office or individual you designate as responsible for submitting DMR forms to the Division of Water.

A. Name of department, office or official submitting DMRs:	Dennis Thomasson
B. Address where DMR forms are to be sent. (Complete only if address is different from mailing address in Section I.)	
DMR Mailing Name:	Cedar Creek Wastewater Plant
DMR Mailing Street:	8405 Cedar Creek Rd
DMR Mailing City, State, Zip Code:	Louisville, Kentucky 40211
DMR Official Telephone Number:	(502) 239-7695

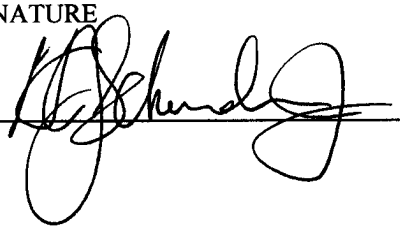
VII. APPLICATION FILING FEE

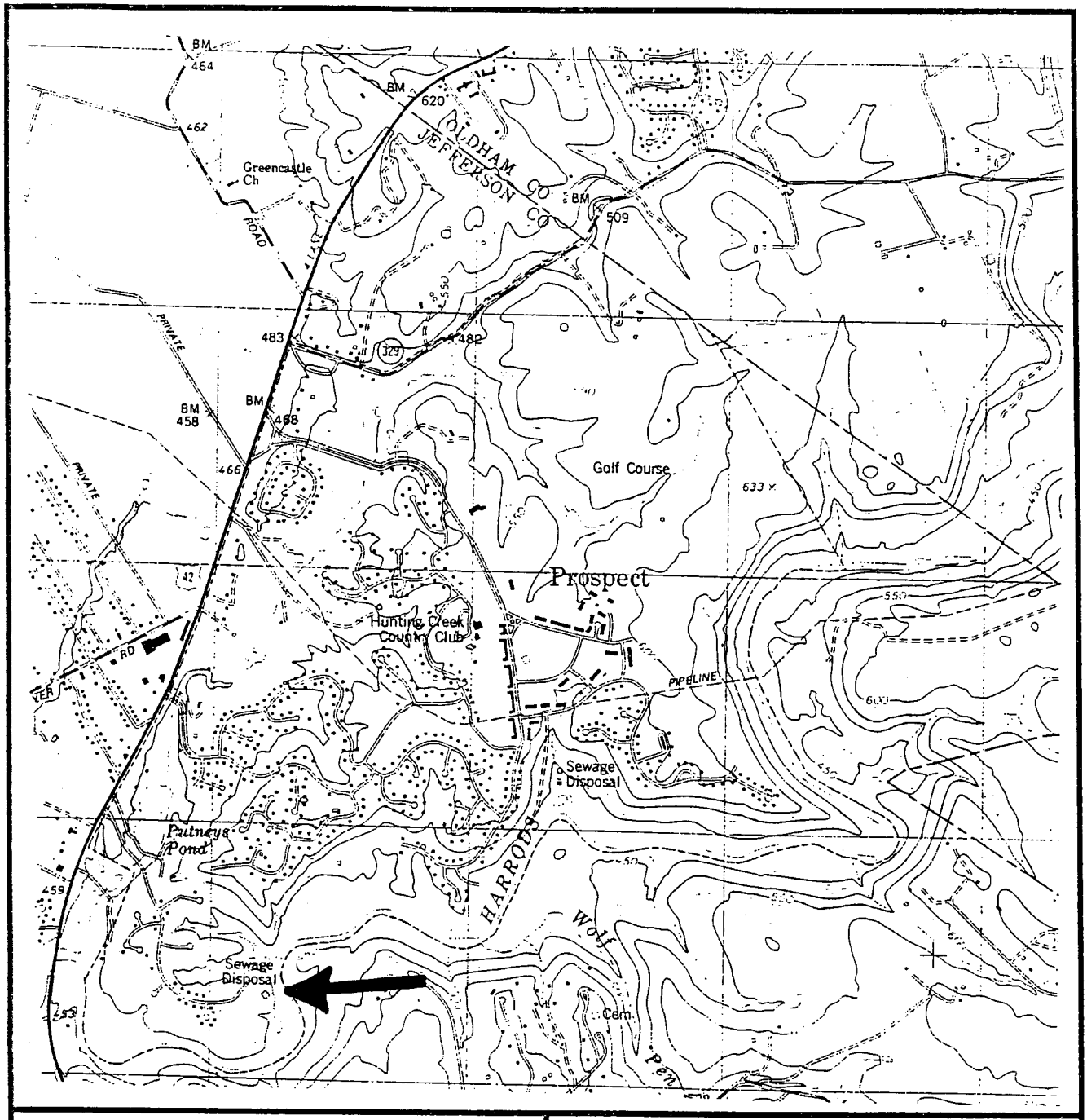
KPDES regulations require that a permit applicant pay an application filing fee equal to twenty percent of the permit base fee. Please examine the base and filing fees listed below and in the Form 1 instructions and enclose a check payable to "Kentucky State Treasurer" for the appropriate amount. Descriptions of the base fee amounts are given in the "General Instructions."

Facility Fee Category:	Filing Fee Enclosed:
Public Owned Treatment Works (No Fee Due) MUN	N/A

VIII. CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

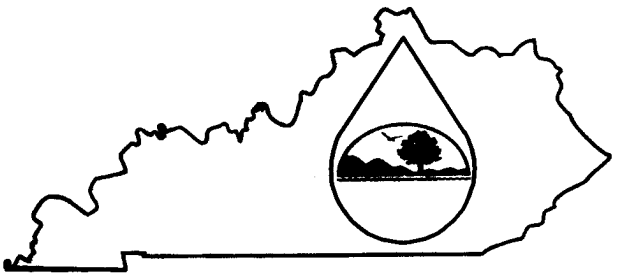
NAME AND OFFICIAL TITLE (type or print):	TELEPHONE NUMBER (area code and number):
Herbert J. Schardein, Jr Executive Director	(502) 540-6000
SIGNATURE 	DATE: 4/9/07



ANCHORAGE QUADRANGLE KENTUCKY - JEFFERSON COUNTY 7.5 MINUTE SERIES (TOPOGRAPHIC) SE/4 PROSPECT 15' QUADRANGLE	**TIMBERLAKE STP** **KY0043087**
Louisville & Jefferson County Metropolitan Sewer District 700 W. Liberty Street Louisville, Kentucky 40203	

LATITUDE			LONGTITUDE		
Degrees	Minutes	Seconds	Degrees	Minutes	Seconds
38	19	55	85	36	47

KPDES FORM A



KENTUCKY POLLUTANT DISCHARGE ELIMINATION SYSTEM

PERMIT APPLICATION

A complete application consists of this form and Form 1.
For additional information, contact KPDES Branch (502) 564-3410.

APPLICATION OVERVIEW	AGENCY USE							

Form A has been developed in a modular format and consists of a "Basic Application Information" packet and a "Supplemental Application Information" packet. The Basic Application Information packet is divided into two parts. All applicants must complete Parts A and C. Applicants with a design flow greater than or equal to 0.1 mgd must also complete Part B. Some applicants must also complete the Supplemental Application Information packet. The following items explain which parts of Form A you must complete.

BASIC APPLICATION INFORMATION:

A. **Basic Application Information for all Applicants.** All applicants must complete questions A.1 through A.8. A treatment works that discharges effluent to surface waters of the United States must also answer questions A.9 through A.12.

B. **Additional Application Information for Applicants with a Design Flow ≥ 0.1 mgd.** All treatment works that have design flows greater than or equal to 0.1 million gallons per day must complete questions B.1 through B.6.

C. **Certification.** All applicants must complete Part C (Certification).

SUPPLEMENTAL APPLICATION INFORMATION:

D. **Expanded Effluent Testing Data.** A treatment works that discharges effluent to surface waters of the United States and meets one or more of the following criteria must complete Part D (Expanded Effluent Testing Data):

1. Has a design flow rate greater than or equal to 1 mgd,
2. Is required to have a pretreatment program (or has one in place), or
3. Is otherwise required by the permitting authority to provide the information.

E. **Toxicity Testing Data.** A treatment works that meets one or more of the following criteria must complete Part E (Toxicity Testing Data):

1. Has a design flow rate greater than or equal to 1 mgd,
2. Is required to have a pretreatment program (or has one in place), or
3. Is otherwise required by the permitting authority to submit results of toxicity testing.

F. **Industrial User Discharges and RCRA/CERCLA Wastes.** A treatment works that accepts process wastewater from any significant industrial users (SIUs) or receives RCRA or CERCLA wastes must complete Part F (Industrial User Discharges and RCRA/CERCLA Wastes). SIUs are defined as:

1. All industrial users subject to Categorical Pretreatment Standards under 40 Code of Federal Regulations (CFR) 403.6 and 40 CFR Chapter I, Subchapter N (see instructions); and
2. Any other industrial user that:
   a. Discharges an average of 25,000 gallons per day or more of process wastewater to the treatment works (with certain exclusions); or
   b. Contributes a process wastestream that makes up 5 percent or more of the average dry weather hydraulic or organic capacity of the treatment plant; or
   c. Is designated as an SIU by the control authority.

G. **Combined Sewer Systems.** A treatment works that has a combined sewer system must complete Part G (Combined Sewer Systems).

ALL APPLICANTS MUST COMPLETE PART C (CERTIFICATION)

BASIC APPLICATION INFORMATION

PART A. BASIC APPLICATION INFORMATION FOR ALL APPLICANTS:

All treatment works must complete questions A.1 through A.8 of this Basic Application Information packet.

A.1. Facility Information.

Facility name: Timberlake STP

Mailing Address: 700 West Liberty Street
Louisville, Kentucky 40203

Contact person: John Kessel

Title: Process Supervisor - Operations

Telephone number: (502) 241-9310

Facility Address (not P.O. Box): Timber Ridge Drive, US Highway 42
Prospect, Kentucky 40059

A.2. Applicant Information. If the applicant is different from the above, provide the following:

Applicant name: Louisville and Jefferson County Metropolitan Sewer District

Mailing Address: 700 West Liberty Street
Louisville, Kentucky 40203

Contact person: Daymond Talley

Title: Emergency Response Pretreatment Inspector

Telephone number: (502) 540-6980

Is the applicant the owner or operator (or both) of the treatment works?

☒ Owner ☐ Operator

Indicate whether correspondence regarding this permit should be directed to the facility or the applicant.

☐ Facility ☒ Applicant

A.3. Existing Environmental Permits. Provide the permit number of any existing environmental permits that have been issued to the treatment works (include state-issued permits).

KPDES	KY0043087	PSD	
UIC		Other	
RCRA		Other	

A.4. Collection System Information. Provide information on municipalities and areas served by the facility. Provide the name and population of each entity and, if known, provide information on the type of collection system (combined vs. separate) and its ownership (municipal, private, etc.).

Name	Population Served	Type of Collection System	Ownership
Prospect, Kentucky	306 Connections	Separate	Municipal

Total population served 306 Connections

A.5. Indian Country.

a. Is the treatment works located in Indian Country?

☐ Yes ☒ No

b. Does the treatment works discharge to a receiving water that is either in Indian Country or that is upstream from (and eventually flows through) Indian Country?

☐ Yes ☒ No

A.6. Flow. Indicate the design flow rate of the treatment plant (i.e., the wastewater flow rate that the plant was built to handle). Also provide the average daily flow rate and maximum daily flow rate for each of the last three years. Each year's data must be based on a 12-month time period with the 12th month of "this year" occurring no more than three months prior to this application submittal.

a. Design flow rate 0.200 mgd

	Two Years Ago	Last Year	This Year	
b. Annual average daily flow rate	0.062	0.068	0.080	mgd
c. Maximum daily flow rate	0.208	0.353	0.152	mgd

A.7. Collection System. Indicate the type(s) of collection system(s) used by the treatment plant. Check all that apply. Also estimate the percent contribution (by miles) of each.

☒	Separate sanitary sewer	100 %
☐	Combined storm and sanitary sewer	%

A.8. Discharges and Other Disposal Methods.

a. Does the treatment works discharge effluent to waters of the U.S.? ☒ Yes ☐ No

If yes, list how many of each of the following types of discharge points the treatment works uses:

i. Discharges of treated effluent 1

ii. Discharges of untreated or partially treated effluent

iii. Combined sewer overflow points

iv. Constructed emergency overflows (prior to the headworks)

v. Other _____

b. Does the treatment works discharge effluent to basins, ponds, or other surface impoundments that do not have outlets for discharge to waters of the U.S.? ☐ Yes ☒ No

If yes, provide the following for each surface impoundment:

Location: _____

Annual average daily volume discharged to surface impoundment(s) _____ mgd

Is discharge ☐ continuous or ☐ intermittent?

c. Does the treatment works land-apply treated wastewater? ☐ Yes ☒ No

If yes, provide the following for each land application site:

Location: _____

Number of acres: _____

Annual average daily volume applied to site: _____ mgd

Is land application ☐ continuous or ☐ intermittent?

d. Does the treatment works discharge or transport treated or untreated wastewater to another treatment works? ☐ Yes ☒ No

If yes, describe the mean(s) by which the wastewater from the treatment works is discharged or transported to the other treatment works (e.g., tank truck, pipe).

_____

If transport is by a party other than the applicant, provide:

Transporter name: _____

Mailing Address: _____

_____

Contact person: _____

Title: _____

Telephone number: _____

For each treatment works that receives this discharge, provide the following:

Name: _____

Mailing Address: _____

_____

Contact person: _____

Title: _____

Telephone number: _____

If known, provide the KPDES permit number of the treatment works that receives this discharge. _____

Provide the average daily flow rate from the treatment works into the receiving facility. _____ mgd

e. Does the treatment works discharge or dispose of its wastewater in a manner not included in A.8.a through A.8.d above (e.g., underground percolation, well injection)? ☐ Yes ☒ No

If yes, provide the following for each disposal method:

Description of method (including location and size of site(s) if applicable):

_____

Annual daily volume disposed of by this method: _____

Is disposal through this method ☐ continuous or ☐ intermittent?

WASTEWATER DISCHARGES:

If you answered "yes" to question A.8.a, complete questions A.9 through A.12 **once for each outfall** (including bypass points) through which effluent is discharged. Do not include information on combined sewer overflows in this section. **If you answered "no" to question A.8.a**, go to Part B, "Additional Application Information for Applicants with a Design Flow Greater than or Equal to 0.1 mgd."

A.9. Description of Outfall.

a. Outfall number 001

b. Location

Prospect (City or town, if applicable) 40059 (Zip Code)

Jefferson (County) Kentucky (State)

38 deg 19 min 55 sec (Latitude) 85 deg 36 min 47 sec (Longitude)

c. Distance from shore (if applicable) _____ ft.

d. Depth below surface (if applicable) _____ ft.

e. Average daily flow rate _____ mgd

f. Does this outfall have either an intermittent or a periodic discharge? ☐ Yes ☒ No (go to A.9.g.)

If yes, provide the following information:

Number of times per year discharge occurs: _____

Average duration of each discharge: _____

Average flow per discharge: _____ mgd

Months in which discharge occurs: _____

g. Is outfall equipped with a diffuser? ☐ Yes ☒ No

A.10. Description of Receiving Waters.

a. Name of receiving water Harrods Creek at mile point 2.45

b. Name of watershed (if known) Harrods Creek

United States Soil Conservation Service 14-digit watershed code (if known): _____

c. Name of State Management/River Basin (if known): _____

United States Geological Survey 8-digit hydrologic cataloging unit code (if known): _____

d. Critical low flow of receiving stream (if applicable):
acute _____ cfs chronic _____ cfs

e. Total hardness of receiving stream at critical low flow (if applicable): _____ mg/l of $CaCO_3$

A.11. Description of Treatment.

a. What levels of treatment are provided? Check all that apply.

☒ Primary ☒ Secondary

☐ Advanced ☐ Other. Describe: _____

b. Indicate the following removal rates (as applicable):

Design BOD_5 removal or Design $CBOD_5$ removal _____ %

Design SS removal _____ %

Design P removal _____ %

Design N removal _____ %

Other _____ _____ %

c. What type of disinfection is used for the effluent from this outfall? If disinfection varies by season, please describe.

Chlorine disinfection

If disinfection is by chlorination, is dechlorination used for this outfall? ☒ Yes ☐ No

d. Does the treatment plant have post aeration? ☐ Yes ☒ No

A.12. Effluent Testing Information. All Applicants that discharge to waters of the US must provide effluent testing data for the following parameters. Provide the indicated effluent testing required by the permitting authority for each outfall through which effluent is discharged. Do not include information on combined sewer overflows in this section. All information reported must be based on data collected through analysis conducted using 40 CFR Part 136 methods. In addition, this data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136. At a minimum, effluent testing data must be based on at least three samples and must be no more than four and one-half years apart.

Outfall number: _____

PARAMETER	MAXIMUM DAILY VALUE		AVERAGE DAILY VALUE		
	Value	Units	Value	Units	Number of Samples
pH (Minimum)	6.4	s.u.			
pH (Maximum)	7.0	s.u.			
Flow Rate (2006)	0.353	MGD	0.068	MGD	Cont.
Temperature (Winter)					
Temperature (Summer)					

* For pH please report a minimum and a maximum daily value

POLLUTANT		MAXIMUM DAILY DISCHARGE		AVERAGE DAILY DISCHARGE			ANALYTICAL METHOD	ML / MDL
		Conc.	Units	Conc.	Units	Number of Samples		
CONVENTIONAL AND NONCONVENTIONAL COMPOUNDS.								
BIOCHEMICAL OXYGEN	BOD-5							
DEMAND (Report one)	CBOD-5	11	Mg/l	3.79	Mg/l	201	SM 5210	1
FECAL COLIFORM		65	#/100	1.4	#/100	201	9222 D	1
TOTAL SUSPENDED SOLIDS (TSS)		55	Mg/l	17	Mg/l	201	SM 2540D	1

END OF PART A.
REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM A YOU MUST COMPLETE

BASIC APPLICATION INFORMATION

PART B. ADDITIONAL APPLICATION INFORMATION FOR APPLICANTS WITH A DESIGN FLOW GREATER THAN OR EQUAL TO 0.1 MGD (100,000 gallons per day).

All applicants with a design flow rate ≥ 0.1 mgd must answer questions B.1 through B.6. All others go to Part C (Certification).

B.1. Inflow and Infiltration. Estimate the average number of gallons per day that flow into the treatment works from inflow and/or infiltration.

See Below gpd

Briefly explain any steps underway or planned to minimize inflow and infiltration.

Currently under evaluation as part of 2005 Wet Weather Consent Decree

B.2. Topographic Map. Attach to this application a topographic map of the area extending at least one mile beyond facility property boundaries. This map must show the outline of the facility and the following information. (You may submit more than one map if one map does not show the entire area.)

a. The area surrounding the treatment plant, including all unit processes.

b. The major pipes or other structures through which wastewater enters the treatment works and the pipes or other structures through which treated wastewater is discharged from the treatment plant. Include outfalls from bypass piping, if applicable.

c. Each well where wastewater from the treatment plant is injected underground.

d. Wells, springs, other surface water bodies, and drinking water wells that are: 1) within 1/4 mile of the property boundaries of the treatment works, and 2) listed in public record or otherwise known to the applicant.

e. Any areas where the sewage sludge produced by the treatment works is stored, treated, or disposed.

f. If the treatment works receives waste that is classified as hazardous under the Resource Conservation and Recovery Act (RCRA) by truck, rail, or special pipe, show on the map where that hazardous waste enters the treatment works and where it is treated, stored, and/or disposed.

B.3. Process Flow Diagram or Schematic. Provide a diagram showing the processes of the treatment plant, including all bypass piping and all backup power sources or redundancy in the system. Also provide a water balance showing all treatment units, including disinfection (e.g, chlorination and dechlorination). The water balance must show daily average flow rates at influent and discharge points and approximate daily flow rates between treatment units. Include a brief narrative description of the diagram.

B.4. Operation/Maintenance Performed by Contractor(s).

Are any operational or maintenance aspects (related to wastewater treatment and effluent quality) of the treatment works the responsibility of a contractor? ☐ Yes ☒ No

If yes, list the name, address, telephone number, and status of each contractor and describe the contractor's responsibilities (attach additional pages if necessary).

Name: _____

Mailing Address: _____

_____

Telephone Number: _____

Responsibilities of Contractor: _____

B.5. Scheduled Improvements and Schedules of Implementation. Provide information on any uncompleted implementation schedule or uncompleted plans for improvements that will affect the wastewater treatment, effluent quality, or design capacity of the treatment works. If the treatment works has several different implementation schedules or is planning several improvements, submit separate responses to question B.5 for each. (If none, go to question B.6.)

a. List the outfall number (assigned in question A.9) for each outfall that is covered by this implementation schedule.

NA

b. Indicate whether the planned improvements or implementation schedule are required by local, State, or Federal agencies.

☐ Yes ☐ No

c If the answer to B.5.b is "Yes," briefly describe, including new maximum daily inflow rate (if applicable).

_____

d. Provide dates imposed by any compliance schedule or any actual dates of completion for the implementation steps listed below, as applicable. For improvements planned independently of local, State, or Federal agencies, indicate planned or actual completion dates, as applicable. Indicate dates as accurately as possible.

Implementation Stage	Schedule MM / DD / YYYY	Actual Completion MM / DD / YYYY
– Begin construction	_____	_____
– End construction	_____	_____
– Begin discharge	_____	_____
– Attain operational level	_____	_____

e. Have appropriate permits/clearances concerning other Federal/State requirements been obtained? ☐ Yes ☐ No

Describe briefly: _____

_____

B.6. EFFLUENT TESTING DATA (GREATER THAN O.1 MGD ONLY).

Applicants that discharge to waters of the US must provide effluent testing data for the following parameters. Provide the indicated effluent testing required by the permitting authority for each outfall through which effluent is discharged. Do not include information on combined sewer overflows in this section. All information reported must be based on data collected through analysis conducted using 40 CFR Part 136 methods. In addition, this data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136. At a minimum, effluent testing data must be based on at least three pollutant scans and must be no more than four and one-half years old.

Outfall Number: _____

POLLUTANT	MAXIMUM DAILY DISCHARGE		AVERAGE DAILY DISCHARGE			ANALYTICAL METHOD	ML / MDL
	Conc.	Units	Conc.	Units	Number of Samples		
CONVENTIONAL AND NONCONVENTIONAL COMPOUNDS.							
AMMONIA (as N)	2.39	Mg/l	0.41	Mg/l	201	SM 4500 NH3 B&C	0.05
CHLORINE (TOTAL RESIDUAL, TRC)	<0.01	Mg/l			100	SM 4500-Cl D	0.01
DISSOLVED OXYGEN			7.1	Mg/l	100	4500 G	0.1
TOTAL KJELDAHL NITROGEN (TKN)	NA		NA				
NITRATE PLUS NITRITE NITROGEN	NA		NA				
OIL and GREASE	NA		NA				
PHOSPHORUS (Total)	6.69	Mg/l	2.33	Mg/l	97	EPA 200.7	0.006
TOTAL DISSOLVED SOLIDS (TDS)	NA		NA				
OTHER							

END OF PART B.
REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM A YOU MUST COMPLETE

BASIC APPLICATION INFORMATION

PART C. CERTIFICATION

All applicants must complete the Certification Section. Refer to instructions to determine who is an officer for the purposes of this certification. All applicants must complete all applicable sections of Form A, as explained in the Application Overview. Indicate below which parts of Form A you have completed and are submitting. By signing this certification statement, applicants confirm that they have reviewed Form A and have completed all sections that apply to the facility for which this application is submitted.

Indicate which parts of Form A you have completed and are submitting:

☒ Basic Application Information packet

Supplemental Application Information packet:

☐ Part D (Expanded Effluent Testing Data)

☐ Part E (Toxicity Testing: Biomonitoring Data)

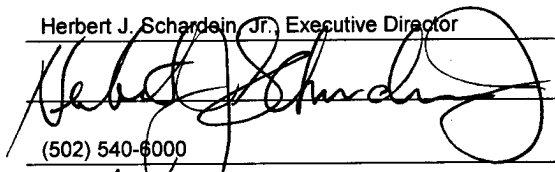
☐ Part F (Industrial User Discharges and RCRA/CERCLA Wastes)

☐ Part G (Combined Sewer Systems)

ALL APPLICANTS MUST COMPLETE THE FOLLOWING CERTIFICATION.

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Name and official title: Herbert J. Schardein, Jr., Executive Director

Signature: 

Telephone number: (502) 540-6000

Date signed: 4/9/07

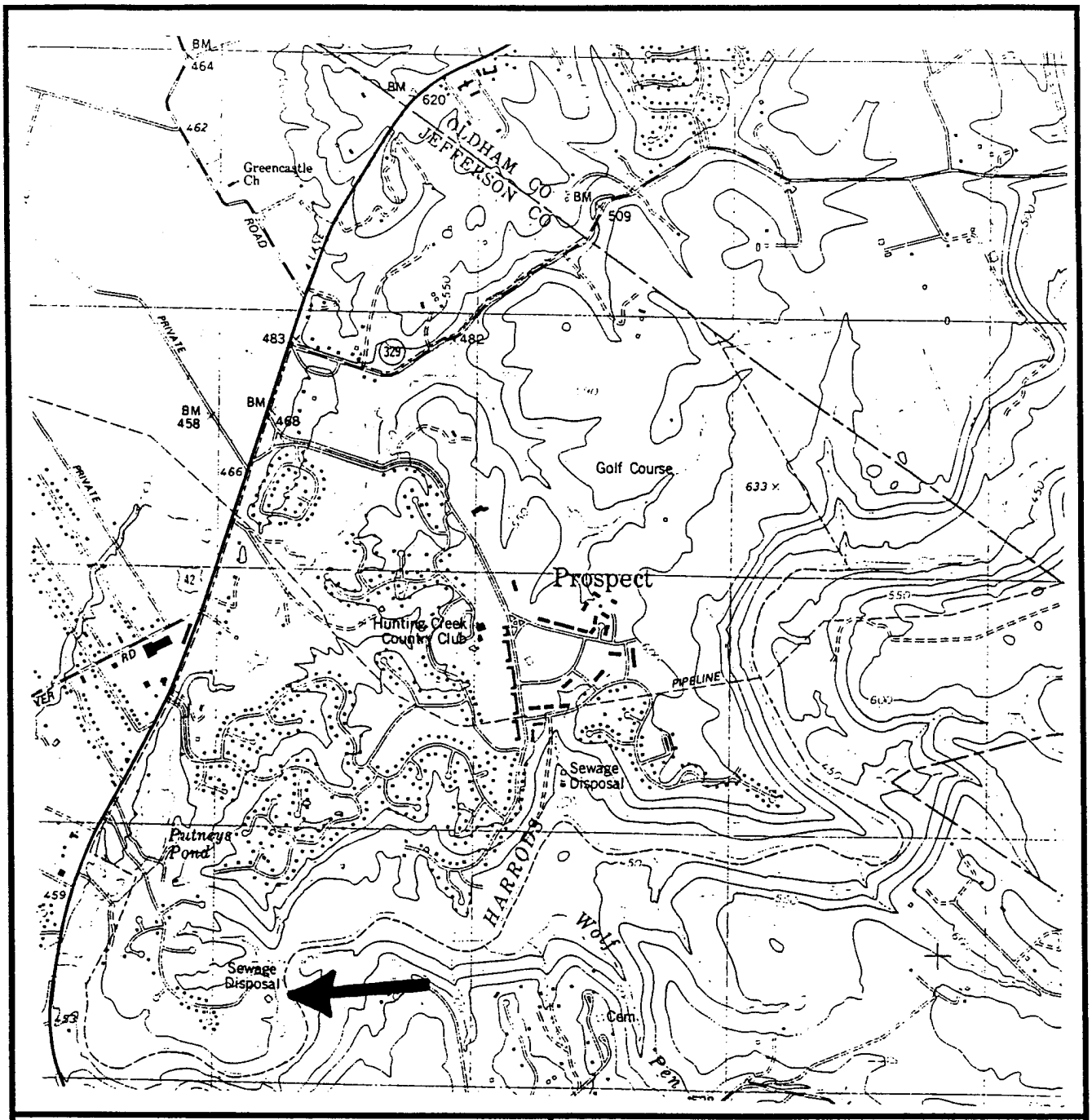
Upon request of the permitting authority, you must submit any other information necessary to assess wastewater treatment practices at the treatment works or identify appropriate permitting requirements.

SEND COMPLETED FORMS TO:

Division of Water, KPDES Branch
Inventory & Data Management Section
Frankfort Office Park
14 Reilly Road
Frankfort, Kentucky 40601

For additional information call: (502) 564-2225, extension 465.

KPDES Permit Application Attachments



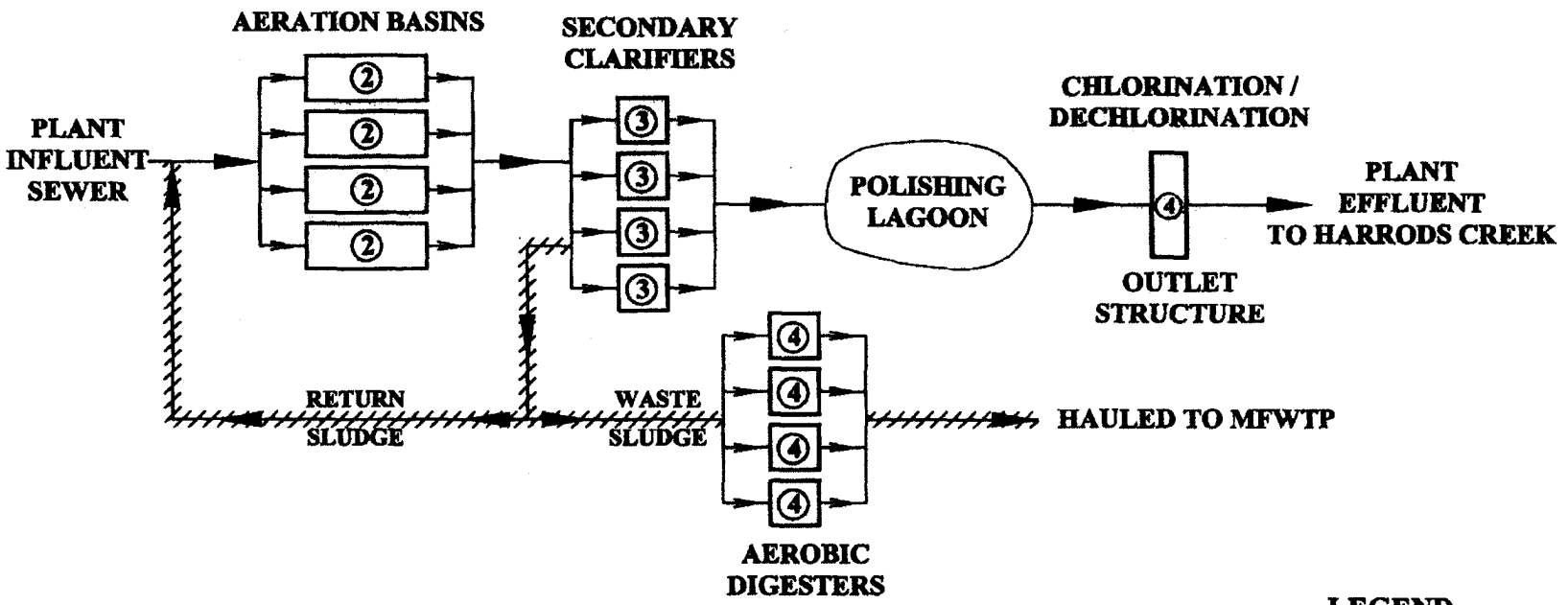
ANCHORAGE QUADRANGLE
KENTUCKY - JEFFERSON COUNTY
7.5 MINUTE SERIES (TOPOGRAPHIC)

SE/4 PROSPECT 15' QUADRANGLE

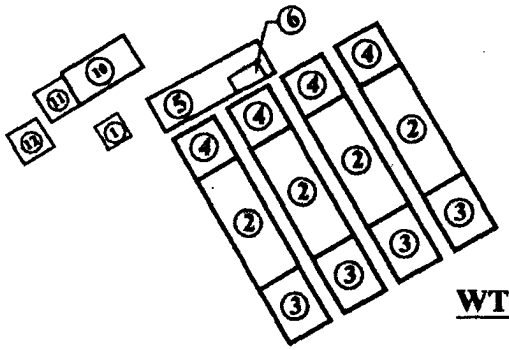
TIMBERLAKE STP
KY0043087

Louisville & Jefferson County
Metropolitan Sewer District
700 W. Liberty Street
Louisville, Kentucky 40203

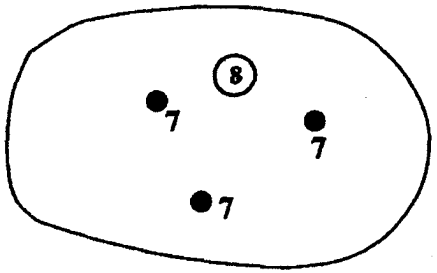
LATITUDE			LONGTITUDE		
Degrees	Minutes	Seconds	Degrees	Minutes	Seconds
38	19	55	85	36	47



PROCESS FLOW DIAGRAM



WTP Site Key Map



LEGEND

- Wastewater Flow
- Biosolids Flow

1. Manual Bar Screen
2. Aeration Basin
3. Secondary Clarifiers
4. Aerated Sludge Storage
5. Equalization Basin
6. Splitter Box
7. Surface Aerators
8. Aerated Polishing Lagoon
9. Outlet Structure
10. Blower Room
11. Chemical Storage Room
12. Chemical Storage Building

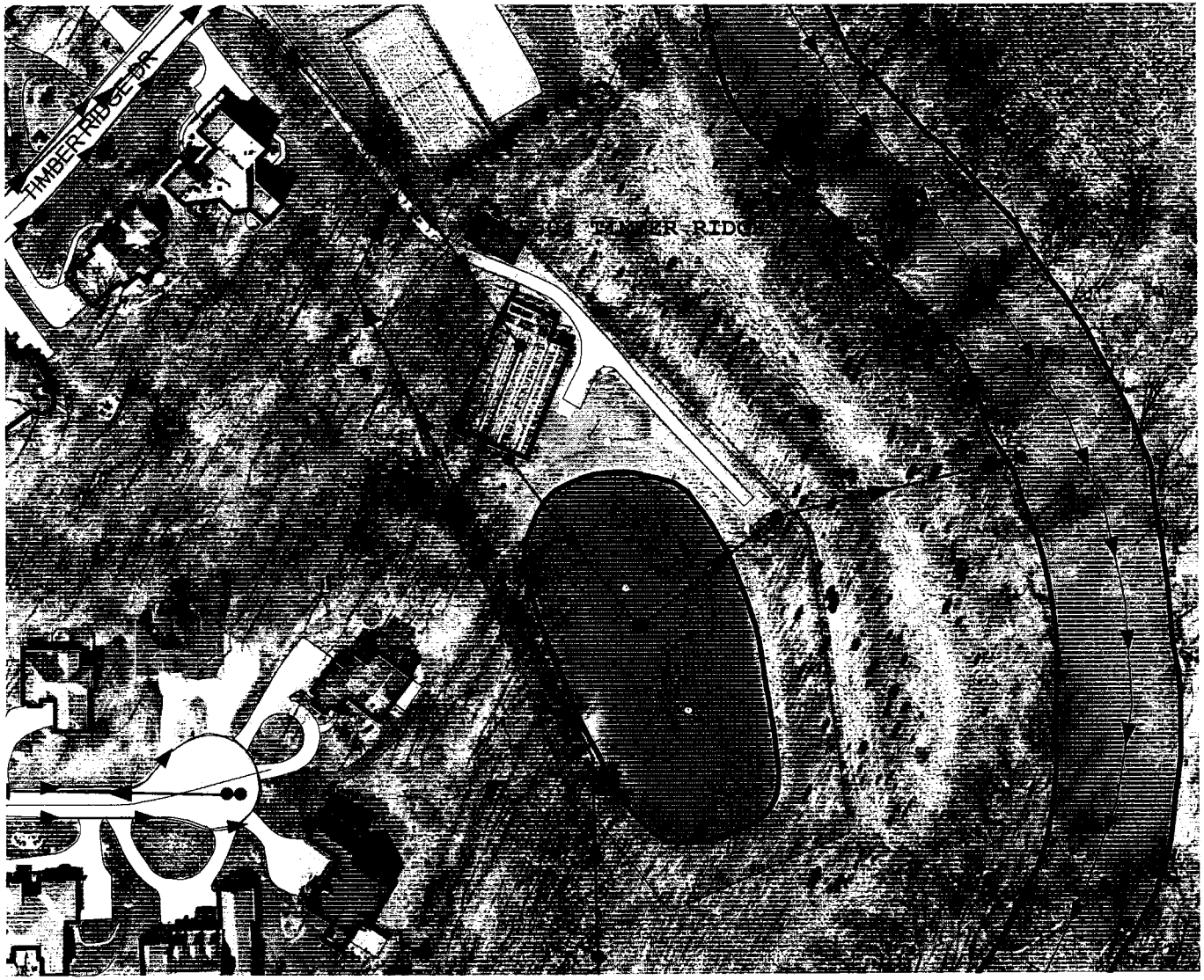
MSD
Louisville and Jefferson County
Metropolitan Sewer District
700 West Liberty Street
Louisville, Kentucky 40203-1913

TIMBERLAKE WTP
PROCESS FLOW PLAN
KPDES #: KY 0043087

Scale = None	Drawn By: JDL	Date: 10/24/06

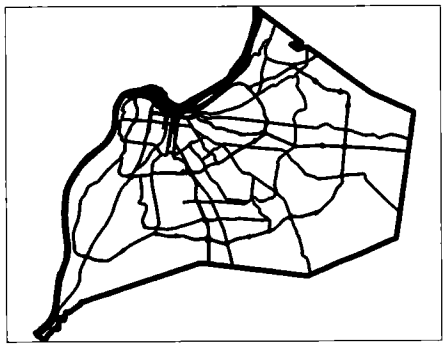
timberlake wtp flow.dwg

KY0043087 Timberlake STP

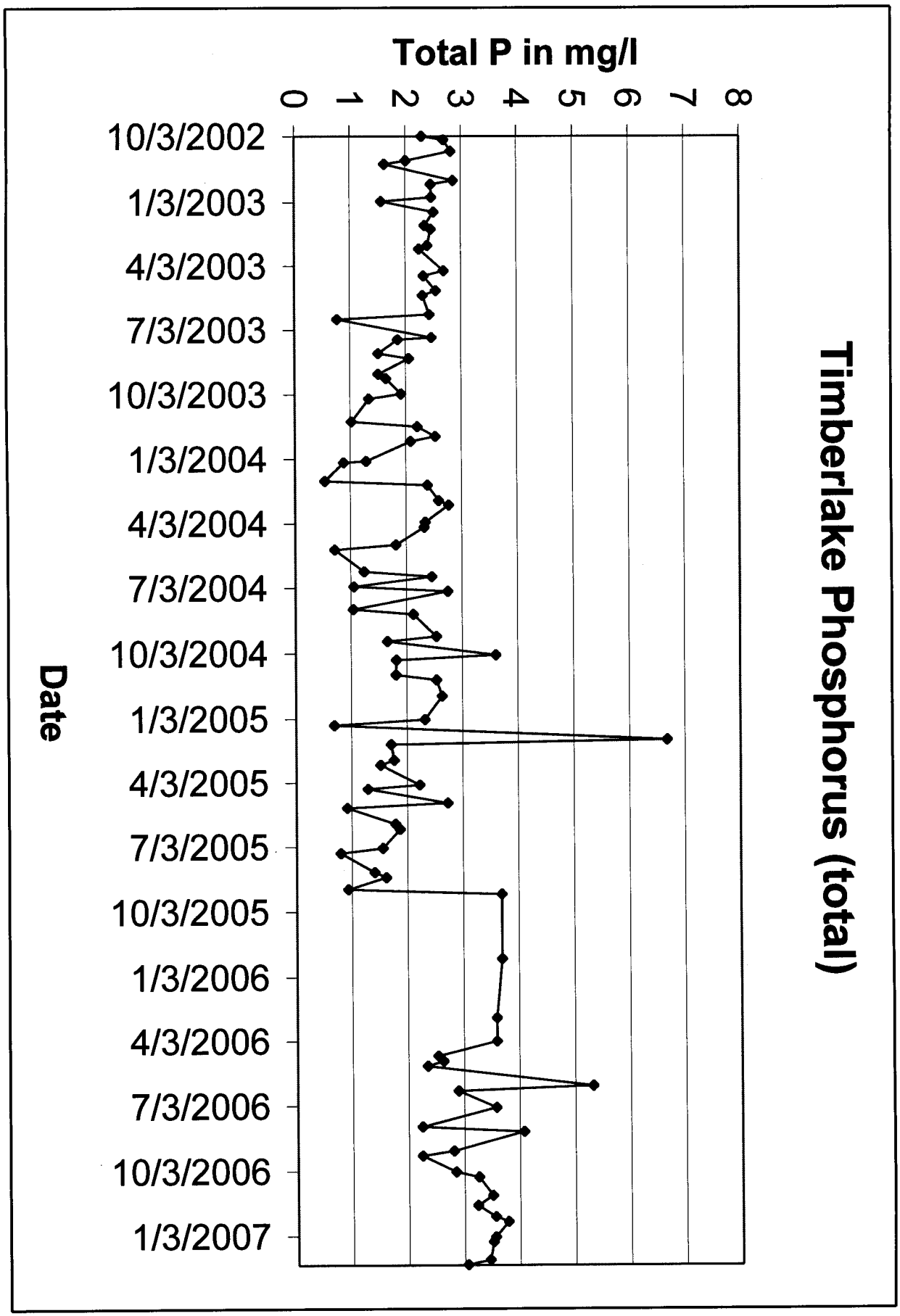


Streetcl
Loccode
Sewernd
Sewer
Drainage Lines
Channels
Pipes
Buildings
Edge of Pavement
Paved Roads
Bridges
Text Street Names
Parking, Sidewalk
Railroads
Active
Abandoned
Misc. Structures
Streams
Municbnd

N
W
E
S



0.04 0 0.04 0.08 Miles


Timberlake Phosphorus (total)
Total P in mg/l
0
1
2
3
4
5
6
7
8
Date
10/3/2002
1/3/2003
4/3/2003
7/3/2003
10/3/2003
1/3/2004
4/3/2004
7/3/2004
10/3/2004
1/3/2005
4/3/2005
7/3/2005
10/3/2005
1/3/2006
4/3/2006
7/3/2006
10/3/2006
1/3/2007

KY0043087 Timberlake STP Total Phosphorus Data

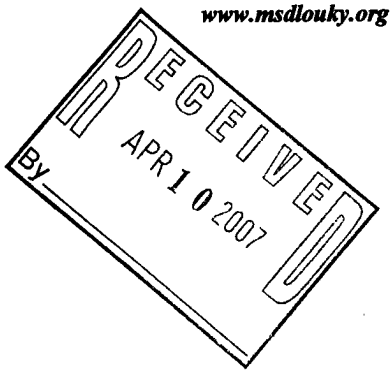
Date	Method	Parameter	Result	Unit
10/3/2002	EPA 200.7	Total Phosphorus By ICP	2.3	mg/L
10/8/2002	EPA 200.7	Total Phosphorus By ICP	2.69	mg/L
10/24/2002	EPA 200.7	Total Phosphorus By ICP	2.82	mg/L
11/6/2002	EPA 200.7	Total Phosphorus By ICP	2.01	mg/L
11/11/2002	EPA 200.7	Total Phosphorus By ICP	1.63	mg/L
12/4/2002	EPA 200.7	Total Phosphorus By ICP	2.86	mg/L
12/9/2002	EPA 200.7	Total Phosphorus By ICP	2.46	mg/L
12/27/2002	EPA 200.7	Total Phosphorus By ICP	2.47	mg/L
1/2/2003	EPA 200.7	Total Phosphorus By ICP	1.57	mg/L
1/17/2003	EPA 200.7	Total Phosphorus By ICP	2.51	mg/L
2/5/2003	EPA 200.7	Total Phosphorus By ICP	2.35	mg/L
2/10/2003	EPA 200.7	Total Phosphorus By ICP	2.46	mg/L
3/5/2003	EPA 200.7	Total Phosphorus By ICP	2.4	mg/L
3/10/2003	EPA 200.7	Total Phosphorus By ICP	2.25	mg/L
4/10/2003	EPA 200.7	Total Phosphorus By ICP	2.69	mg/L
4/17/2003	EPA 200.7	Total Phosphorus By ICP	2.33	mg/L
5/8/2003	EPA 200.7	Total Phosphorus By ICP	2.55	mg/L
5/15/2003	EPA 200.7	Total Phosphorus By ICP	2.31	mg/L
6/11/2003	EPA 200.7	Total Phosphorus By ICP	2.43	mg/L
6/18/2003	EPA 200.7	Total Phosphorus By ICP	0.773	mg/L
7/14/2003	EPA 200.7	Total Phosphorus By ICP	2.47	mg/L
7/17/2003	EPA 200.7	Total Phosphorus By ICP	1.86	mg/L
8/6/2003	EPA 200.7	Total Phosphorus By ICP	1.51	mg/L
8/13/2003	EPA 200.7	Total Phosphorus By ICP	2.06	mg/L
9/4/2003	EPA 200.7	Total Phosphorus By ICP	1.51	mg/L
9/10/2003	EPA 200.7	Total Phosphorus By ICP	1.65	mg/L
10/2/2003	EPA 200.7	Total Phosphorus By ICP	1.92	mg/L
10/9/2003	EPA 200.7	Total Phosphorus By ICP	1.34	mg/L
11/11/2003	EPA 200.7	Total Phosphorus By ICP	1.03	mg/L
11/18/2003	EPA 200.7	Total Phosphorus By ICP	2.21	mg/L
12/2/2003	EPA 200.7	Total Phosphorus By ICP	2.53	mg/L
12/9/2003	EPA 200.7	Total Phosphorus By ICP	2.09	mg/L
1/6/2004	EPA 200.7	Total Phosphorus via ICP	1.29	mg/l
1/8/2004	EPA 200.7	Total Phosphorus via ICP	0.885	mg/l
2/3/2004	EPA 200.7	Total Phosphorus via ICP	0.544	mg/l
2/9/2004	EPA 200.7	Total Phosphorus via ICP	2.39	mg/l
3/2/2004	EPA 200.7	Total Phosphorus via ICP	2.59	mg/l
3/8/2004	EPA 200.7	Total Phosphorus via ICP	2.77	mg/l
4/1/2004	EPA 200.7	Total Phosphorus via ICP	2.35	mg/l
4/8/2004	EPA 200.7	Total Phosphorus via ICP	2.33	mg/l
5/3/2004	EPA 200.7	Total Phosphorus via ICP	1.82	mg/l
5/10/2004	EPA 200.7	Total Phosphorus via ICP	0.719	mg/l
6/10/2004	EPA 200.7	Total Phosphorus via ICP	1.25	mg/l
6/17/2004	EPA 200.7	Total Phosphorus via ICP	2.46	mg/l
7/1/2004	EPA 200.7	Total Phosphorus via ICP	1.06	mg/l
7/8/2004	EPA 200.7	Total Phosphorus via ICP	2.75	mg/l
8/2/2004	EPA 200.7	Total Phosphorus via ICP	1.05	mg/l
8/9/2004	EPA 200.7	Total Phosphorus via ICP	2.13	mg/l
9/9/2004	EPA 200.7	Total Phosphorus via ICP	2.54	mg/l
9/16/2004	EPA 200.7	Total Phosphorus via ICP	1.66	mg/l
10/5/2004	EPA 200.7	Total Phosphorus via ICP	3.61	mg/l
10/12/2004	EPA 200.7	Total Phosphorus via ICP	1.82	mg/l
11/2/2004	EPA 200.7	Total Phosphorus via ICP	1.81	mg/l
11/9/2004	EPA 200.7	Total Phosphorus via ICP	2.54	mg/l

KY0043087 Timberlake STP Total Phosphorus Data

12/2/2004	EPA 200.7	Total Phosphorus via ICP	2.64	mg/l
1/4/2005	EPA 200.7	Total Phosphorus via ICP	2.33	mg/l
1/12/2005	EPA 200.7	Total Phosphorus via ICP	0.699	mg/l
2/2/2005	EPA 200.7	Total Phosphorus via ICP	6.69	mg/l
2/8/2005	EPA 200.7	Total Phosphorus via ICP	1.72	mg/l
3/2/2005	EPA 200.7	Total Phosphorus via ICP	1.77	mg/l
3/9/2005	EPA 200.7	Total Phosphorus via ICP	1.53	mg/l
4/6/2005	EPA 200.7	Total Phosphorus via ICP	2.23	mg/l
4/12/2005	EPA 200.7	Total Phosphorus via ICP	1.3	mg/l
5/2/2005	EPA 200.7	Total Phosphorus via ICP	2.73	mg/l
5/9/2005	EPA 200.7	Total Phosphorus via ICP	0.926	mg/l
6/1/2005	EPA 200.7	Total Phosphorus via ICP	1.79	mg/l
6/8/2005	EPA 200.7	Total Phosphorus via ICP	1.87	mg/l
7/5/2005	EPA 200.7	Total Phosphorus via ICP	1.56	mg/l
7/12/2005	EPA 200.7	Total Phosphorus via ICP	0.802	mg/l
8/8/2005	EPA 200.7	Total Phosphorus via ICP	1.41	mg/l
8/15/2005	EPA 200.7	Total Phosphorus via ICP	1.62	mg/l
9/1/2005	EPA 200.7	Total Phosphorus via ICP	0.939	mg/l
9/8/2005	EPA 200.7	Total Phosphorus via ICP	3.7	mg/l
12/8/2005	EPA 200.7	Total Phosphorous via ICP	3.7	mg/l
3/1/2006	EPA 200.7	Total Phosphorous via ICP	3.6	mg/l
4/3/2006	EPA 200.7	Total Phosphorous via ICP	3.6	mg/l
4/24/2006	EPA 200.7	Total Phosphorous via ICP	2.54	mg/l
5/1/2006	EPA 200.7	Total Phosphorous via ICP	2.63	mg/l
5/8/2006	EPA 200.7	Total Phosphorous via ICP	2.35	mg/l
6/5/2006	EPA 200.7	Total Phosphorous via ICP	5.33	mg/l
6/12/2006	EPA 200.7	Total Phosphorous via ICP	2.9	mg/l
7/5/2006	EPA 200.7	Total Phosphorous via ICP	3.58	mg/l
8/1/2006	EPA 200.7	Total Phosphorous via ICP	2.25	mg/l
8/8/2006	EPA 200.7	Total Phosphorous via ICP	4.08	mg/l
9/4/2006	EPA 200.7	Total Phosphorous via ICP	2.81	mg/l
9/11/2006	EPA 200.7	Total Phosphorous via ICP	2.25	mg/l
10/4/2006	EPA 200.7	Total Phosphorous via ICP	2.85	mg/l
10/11/2006	EPA 200.7	Total Phosphorous via ICP	3.26	mg/l
11/6/2006	EPA 200.7	Total Phosphorous via ICP	3.51	mg/l
11/20/2006	EPA 200.7	Total Phosphorous via ICP	3.24	mg/l
12/6/2006	EPA 200.7	Total Phosphorous via ICP	3.56	mg/l
12/13/2006	EPA 200.7	Total Phosphorous via ICP	3.79	mg/l
1/4/2007	EPA 200.7	Total Phosphorous via ICP	3.56	mg/l
1/11/2007	EPA 200.7	Total Phosphorous via ICP	3.52	mg/l
2/6/2007	EPA 200.7	Total Phosphorous via ICP	3.46	mg/l
2/13/2007	EPA 200.7	Total Phosphorous via ICP	3.06	mg/l

MSD

Louisville and Jefferson County Metropolitan Sewer District
700 West Liberty Street
Louisville Kentucky 40203-1911
502-540-6000
www.msdlouky.org



April 9, 2007

Vickie L. Prather, Acting Supervisor
Division of Water
Inventory and Data Management Section
KPDES Branch
14 Reilly Road
Frankfort, Kentucky 40601

Subject: Renewal Application KPDES No. KY0043087
Timberlake Wastewater Treatment Plant

Dear Ms. Prather:

Enclosed are the completed applications (Form 1 and Form A) for the renewal of Timberlake Wastewater Treatment Plant KPDES permit KY0043087.

If you have any questions please contact Daymond Talley at (502) 540-6980 or at talley@msdlouky.org.

Sincerely,

Herbert J. Schardein, Jr.
Executive Director

HJS/dmt

cc: D. Guthrie
D. Thomasson
J. Kessel
R. Shaw (eB)
A. Akridge
D. Talley
M. Jenkins

ERNIE FLETCHER
GOVERNOR

ENVIRONMENTAL AND PUBLIC PROTECTION CABINET
DEPARTMENT FOR ENVIRONMENTAL PROTECTION
DIVISION OF WATER
14 REILLY ROAD
FRANKFORT, KENTUCKY 40601-1190
www.kentucky.gov

TERESA J. HILL
SECRETARY

April 24, 2007

Herbert J. Schardein, Jr., Executive Director
Metropolitan Sewer District
700 West Liberty Street
Louisville, Kentucky 40203

Re: Complete KPDES Permit Application
KPDES No.: KY0043087
Timberlake STP
Jefferson County, Kentucky

Dear Mr. Schardein:

Your Kentucky Pollutant Discharge Elimination System (KPDES) permit application for the above-referenced facility was received by the Division of Water on April 10, 2007, and has been determined complete. As per 401 KAR 5:075, Section 1(7), the official effective date of your application has been determined as April 24, 2007, the date of this notice.

If this application is for new construction, appropriate plans and specifications must be submitted and a construction permit issued before construction may begin. For new facilities, the review of this application may be coordinated in accordance with 401 KAR 5:300, Section 4(1).

A technical review of your permit application will commence in the near future. Please be aware that you may be asked to provide additional information to clarify, modify, or supplement your application material. A request for this additional information will not render your application incomplete.

If you have any questions concerning this matter, please contact Barry Elmore at (502) 564-3410, extension 459.

Sincerely,

Nancy Green

Nancy Green, Program Coordinator
Inventory and Data Management Section
KPDES Branch
Division of Water

NG:ng
c: Division of Water Files